

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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46						
47						
48						
49						
50						
Total Indep	2		2			
Total Depend	37		37			
Total Claims	39		39			

* May be used for additional claims or amendments

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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96						
97						
98						
99						
100						
Total Indep						
Total Depend						

2

CLAIMS ONLY							Application Number 09 359, 920		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101		/		/			51					
102		X		X			52					
103							53					
104		/		/			54					
105		/		/			55					
106		/		/			56					
107		/		/			57					
108		/		/			58					
109		/		/			59					
110		/		/			60					
111		/		/			61					
112		/		/			62					
113		/		/			63					
114		/		/			64					
115		/		/			65					
116		/		/			66					
117		/		/			67					
118		/		/			68					
119		/		/			69					
20							70					
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35							85					
36							86					
37							87					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					